

CERTIFICATE OF OCCUPANCY INSPECTION

Distribute Copies To: Fire Marshal _____ date: _____
 Health Dept. _____ date: _____
 Public Works _____ date: _____

Date: _____ Time: _____ Name of person taking this request: _____

Name of person requesting this inspection: _____

Telephone number where you can be reached: _____

* PLEASE NOTE: It will be necessary for someone to meet and accompany the inspector at the time of the inspection.

Date inspection is requested: _____ Time: _____

Address to be inspected: _____

Name AND telephone number of the person who will meet the inspector at the above address, on the date requested, and at the time requested:

PREVIOUS USE OF THIS STRUCTURE: _____

INTENDED USE OF THIS STRUCTURE: _____

NAME OF BUSINESS THAT WILL OCCUPY THIS STRUCTURE:

NAME AND ADDRESS OF THE OWNER OF THIS STRUCTURE:

NO FEE FOR "C OF O" IF BUILDING PERMIT HAS BEEN ISSUED.

SINGLE TENANT SPACE INSPECTION FEE..... \$25.00

ENTIRE STRUCTURE INSPECTION FEE..... \$50.00

EXISTING STRUCTURES..... \$50.00

INSPECTOR'S USE ONLY:

OK FOR TEMP. POWER FOR _____ DAYS. DATE: _____ INSP. _____

REINSPECTION REQUIRED: _____ YES. _____ NO.

OK TO ISSUE CERTIFICATE OF OCCUPANCY: DATE _____

BY